Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: T/M MAHONEY			
Date Received:02/19 / 2013	Applicant Number: 1029	77	
Recommended Applicant Pool Status: Final Applicant Pool			
☐ Removed	Included	Removed	
REQUIREMENTS:			
1. Was the application received before the sub-	mission deadline?	□Yes □No	
If NO, list time/date application was received:			
2. Is the application complete?		☐Yes ☐No	
If NO, list the item(s) that need to be completed:			
3. Indicate how the applicant responded to the following questions:			
A. Student enrolled in a college/university i	n the City of Austin?	□Yes ☑No	
If YES, consider I and ii only; If NO, conside	er I, ii, iii, and iv:	_/_	
i. Reside in the City of Austin?		□Yes □No	
ii. Registered to vote in the City of A	Austin?	□Ýes □No	
iii. Continuously registered to vote i	n the City of Austin?	☐Yes ☐No	
iv. Voted in 3 of the last 5 City of Au	stin general elections?	☐Ýes ☐No	
Follow-up needed related to REQUIREMENTS	5?	□Yes □No	
If YES, identify issue(s) addressed and disposition:			
He notes in his application tend he is unsure if			
he world in 3 of ibre last 5 elections			

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CONFLICTS OF INTEREST:

4.	Did the applicant respond "Yes" to any conflict of interest of If YES, indicate which question(s):	µuestions? □Yes ☑No
*	Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
<u>cc</u>	DNSISTENCY:	
5.	Are applicant answers consistent? If NO, indicate which answer(s):	Ū√es □No
*	Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
	pplication Reviewed By: TOPE ELETU- ODIBO	Review Date: 02/20/2013
Q	uality Control Review By:	QC Review Date: 31/13
F	ollow-up Contact(s) Reviewed By:	Date: 31(1)